

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87)

SERIAL NO. 09/125122 FILING DATE

ATTORNEY/ST

09/125122

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 3 | | | |
| TOTAL DEP. | 5 | | | |
| TOTAL CLAIMS | 8 | | | |

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| TOTAL IND. | ↓ | ↓ | ↓ |
| TOTAL DEP. | ↓ | ↓ | ↓ |
| TOTAL CLAIMS | ↓ | ↓ | ↓ |

PTO-1245 (2-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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